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FAX COVER SHEET

DATE: April 30, 2008
TO: FROM: Brenda J. Whitcomb
FIRM: U.S. PTO FAX NO.: (954) 828-9122
FAX NO.: (571) 273-8300 PHONE NO.: (954) 828-1488
PHONE NO.: (571) 272-4200 E-MAIL bwhitcomb@cwiplaw.com
FILE NO. 10978.7801U
Serial No.: 10/709,477 - Conf #: 3476 3- PAGES, INCLUDING COVER

MESSAGE

Dear Sir/Madam:

The attached which was previously sent to the PTO on August 8, 2007 should have changed the correspondence address to remove us from this matter.

I attach a copy of our Request for Withdrawal as Attorney or Agent and Change of Correspondence Address and hope that this will effect the change to the new attorney handling this matter.

PTO Form/SB/83

Thank you for your quick response.

Regards,

Brenda

Confidentiality Notice: The information contained in this transmission is legally privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone (collect) and return the original message to us at the above listed address via the U.S. Postal Service. We will reimburse you for postage and/or telephone expenses involved.

Apr 17 08 09:31a

Sam Patterson

954-523-2224

P. 3

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PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/709,477
Filing Date	05/07/2004
First Named Inventor	Brendan ROBERTS
Art Unit	3764
Examiner Name	Fenn C. MATHEW
Attorney Docket Number	10978.7801U

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **31292**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Applicant has terminated the services of Attorney of Record for the subject Application and Attorney of Record no longer represents Applicant.**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sam Harwell PATTERSON, II		
Address	One Las Olas Circle Apartment #211		
City	Fort Lauderdale	State	Florida
Country	US		
Zip	33316		
Telephone	(954) 816-7972		Email
Signature	/Alan M. Weisberg/		
Name	Alan M. Weisberg	Registration No.	43,982
Date	April 30, 2008	Telephone No.	(954) 828-1488

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Sam Patterson

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**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/769,477
Filing Date	05/07/2004
First Named Inventor	Brendan Roberts
Art Unit	3764
Examiner Name	Matthew J. Fournier
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number.

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
 Customer Number:

OR

☒ Firm or
 Individual Name

Sam Harwell Patterson II

Address

1645 0645 Circle Apt 211

City

Ft Lauderdale

State

Florida

Zip

33316

Country

U.S.A

Telephone

954-816-7972

Email

patt495@bellsouth.net

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature

Sam H. Patterson

Name

Sam Harwell Patterson II

Date

August 8, 2007

Telephone

954-816-7972

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.28. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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